
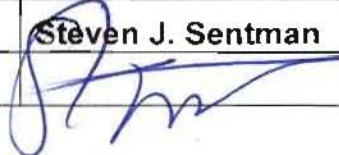




**Orange County Social Services Agency
Children and Family Services Division
and
Orange County Probation Department**

**System Improvement Plan (SIP)
ANNUAL SIP UPDATE
November 7, 2009 – November 7, 2010**

California's Child and Family Services Review System Improvement Plan	
County:	Orange
Responsible County Child Welfare Agency:	Social Services Agency – Children and Family Services
Period of Plan:	November 7, 2009 – November 7, 2012
Period of Outcomes Data:	<i>Quarter ending December 2009</i>
Date Submitted:	<i>November 7, 2010</i>
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Submitted by each agency for the children under its care	
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Name:	Dr. Michael Riley
Signature:	
Submitted by:	County Chief Probation Officer
Name:	Steven J. Sentman
Signature:	

**Orange County Social Services Agency
Children and Family Services Division
and
Orange County Probation Department**

System Improvement Plan (SIP)

ANNUAL SIP UPDATE

November 7, 2009 – November 7, 2010

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**Orange County System Improvement Plan
Annual Report
Narrative**

11-07-09 to 11-07-10

I. Social Services Agency/Children and Family Services (SSA/CFS):

November 7, 2009 marked the beginning of Orange County's System Improvement Plan (SIP) process for November 7, 2009 through November 7, 2012. SSA/CFS Self Evaluation Team (SET), Research Department and Child Welfare System (CWS) Reports Team completed analysis and interpretation of outcome data for the County Self Assessment (CSA) and System Improvement Plan (SIP). Orange County data relating to outcome measures were discussed at the Redesign Planning Council meetings where SIP goals were agreed upon.

Analysis of Orange County data confirmed feedback with stakeholders and the Redesign Planning Council members determined that these three goals were areas of the highest priority for SSA/CFS SIP: **1) Recurrence of Maltreatment, 2) Decreasing Time to Reunification, and 3) Increasing Placement Stability .**

SSA/CFS Summary Assessment for November 7, 2009 – November 7, 2012

A. Overall Outcomes:

- **Safety - No Recurrence of Maltreatment** has increased from 94.4% to 94.9% from January 1, 2008-June 30, 2008 to January 1, 2009-June 30, 2009. Orange County continues to remain above the California State Standard at 93.0.
- **Permanence - Reunification within 12 months by decreasing time to reunification** Permanency Composite C1 includes Measures C1.1- Reunification within 12 months (exit cohort); C1.2 - Median time to reunification; and C1.3 – Reunification within 12 months (entry cohort).

Composite C1 (122.0) improved by 5% in the past two quarters and is higher than the State's performance (114.5) although still slightly below the National Standard score of 122.6. Specifically, this reporting period indicated that 60.6% of children exiting care reunified within 12 months (measure C1.1) compared to the National Standard of 75.2% and California performance of 64%. The median time to reunification for those who reunified was 9.9 months (measure C1.2) compared to the National Standard of 5.4 months and California performance of 8.2 months. Measure C1.3 indicates that 38.8% of children entering care within a six month study period reunified within 12 months, compared to the National Standard of 48.4% and California performance of 43.8%. Although time to reunification is slower than desired, this is mitigated by Orange County's rate of successful reunifications.

- **Stability - 1 – 2 Placements in Foster care** has made progress toward reaching the National Standard for placement stability as assessed by composite C4. Composite C4 includes C4.1 - Placement Stability for children in care less than 12 months; C4.2 – Placement Stability includes children in care 12 – 24 months; and C4.3 includes children in care more than 24 months.

Performance has increased from an initial baseline of 72.7 (44.1% of the National Standard) for July 2002 – 2003 to 93.9 (85.2% of the National Standard) for January 2009 – December 2009. Performances on each of the three indicators (C4.1; C4.2; C4.3) that assess placement stability have also improved. C4.1 by Federal measures demonstrates an increase in the percent of children in care for eight days to 12 months who have not had more than two placements while in care. The initial baseline rate of 69% (July 2001 – June 2003) has increased to 85% for the most recent report (January 2009 – December 2009). Orange County is only 1% below the Federal Goal of 86% and just above the current California State performance of 83.6%. C4.2 data for Orange County indicates that for the Federal measure there is an increase in the percent of our children in care for 12 – 24 months who have had more than two placements while in care. The initial baseline rate of 45.3% (July 2002 – June 2003) has increased to 58.3% for the most recent report (January 2009 – December 2009), just below the Federal Goal of 65.4% and just below the current California State performance of 62.2%. C4.3 data for this Federal measure indicates for all children in care for 12 to 24 months the initial baseline rate of 23.5% (July 2002 – June 2003) has increased to 32.6% for the most recent report period (January 2009 – December 2009), just below the Federal Goal of 41.8% and slightly below the current California State performance of 32.9%.

B. Areas Needing Improvement:

- **Budget:** Current and anticipated Federal, State, and County budget cuts have made it challenging to sustain current service levels. Funding to expand services that have demonstrated measurably improved outcomes is important, especially in early engagement, childcare, and increased assistance from parent mentors and parent volunteers. Examples of programs that were cutback or discontinued were: 1) SAFE Families Project: As of 4/14/10, the Superior Court closed the Safe Families program due to budget constraints. 2) Western Youth Services/Clinical Evaluation and Guidance Unit (CEGU) will no longer provide mental health screenings at First Step/ Oranewood Children and Family Center on Saturdays effective 10/02/10. 3) Childcare for Team Decision Making meetings (TDM) was cut back effective July 1, 2010 three hours per day; one hour in the morning and two hours in the evening. 4. State budget cuts have greatly limited respite and child care, and mileage reimbursement for caregivers
- **Cross-Information Sharing:** Program changes are being developed to enhance communication between existing services such as education, mental health, health care agency, law enforcement, courts, caregivers, and birth parents; increase training opportunities; expedite referrals for services; and increasing collaboration between the community, major stakeholders and families.
- **Placement Stability for children in out-of-home care:** the need for continued strategies to reduce the number of children in group home placements; increase the number of placement options; providing special training and support for caregivers, especially for the most challenging (siblings, medically fragile and mental disorders), and increasing permanency for older youth.
- **Differential Response (DR) Collaboration and Expansion:** The development of DR in collaboration across agencies and community partners is a team focused on improved coordination and timeliness of services. This collaboration has demonstrated the willingness of several diverse organizations to work together to improve outcomes and services for our clients. DR needs to continue to expand its work in the community to increase cross communication and build a cohesive team.
- **Parachute Cases: Collaboration and Expansion:** Parachute cases are regarding children that police identified as needing child protective services intervention when they have responded to a police matter. The children are brought into Oranewood Children and Family Center without prior consultation from Children and Family Services. A Children and Family Services worker is assigned after the fact to determine the need for continued protective custody. Parachute case strategies and collaboration needs to continue to

expand outreach and training with law enforcement and community partners to increase cross communication and build a cohesive team on behalf of the children and families served.

- Transitioning Youth: Transition age youth require additional resources and support: Independent Living Program (ILP) services in the areas of consistent support, housing resources, family finding connections, educational and employment opportunities and mentoring.
- Caregiver Resources: The overall number of available caregivers (foster/adoptive homes, kin, and non-related extended family members) is limited not allowing for placement of all children entering the dependency system into a family unit. There needs to be an increase in the number of homes made available for special needs (large sibling sets, medical and mental health) children and siblings. There also needs to be an increase in support and resources for caregivers that include specialized training, peer support and 24 hour help line when they are in crises. Also more resource homes need to be from the community where children were removed from as children attending their school of origin while in out-of-home care is increasing.
- Need to streamline and develop case plans that are tailored to the individual client's needs.
- Need to increase support and resources such as "Finding Families Connection" and transitional housing for youth so they are better prepared to successfully transition to a self-sufficient adulthood.
- Eliminating Racial Disparities and Disproportionality (ERDD): Overall, Black children are the most likely group of children to have two or fewer placements within the first year of placement. However, Black children are those most likely to experience more than two placements compared to other ethnic groups in care for more than 12 months, while Asian/Pacific islander children are the most likely to experience two or fewer placements. Orange County SSA/CFS conducted data and case specific research through a special project called ERDD that is continuously updated and being reviewed.

C. Summary and Recommendations:

- Develop Request for Proposals (RFPs) that require service providers to regionalize their services and demonstrate their ability to collaborate with other service providers to provide the best in client services.
- Enhance supportive services/resources that meet the needs of families to complete court ordered service plans by developing a user-friendly court ordered case plan through the collaboration of SSA/CFS, court, major stakeholders, community partners and birth parents.
- Continue to provide and increase regionalized services through SSA/CFS in communities with highest needs.
- Promote early family engagement by increasing utilization of Parent Mentors and Parent Volunteers at Team Decision Making Meetings and Emergency Response for the purpose of facilitating early family engagement and linkage to services.
- Assess, expand, and improve existing resources such as family resource centers, California Work Opportunity and Responsibility to Kids (CalWORKs), caregiver support and training through linkages between community partners, clients, and staff.
- ERDD: This project conducts data tracking and case research to assist Counties in re-examining services provided. There is collaboration between SSA/CFS and community partners to introduce disparities and disproportionality awareness, review of possible contributing factors with the development of strategies and awareness of why disparities and disproportionality outcomes occur.
- Recruitment and Support for Caregivers: Increase collaboration with community partners such as the faith based organizations, colleges and others to provide additional training, support, and peer support system. Also, strategize recruitment efforts to target communities/individuals that will step forward and assist in the placement, care and support of our children.

II. Probation Department:

Overall, while the Incentive Program has only been in effect for a short time, probation officers have seen improvement of their youth in many areas. While the number of behavioral situations did not change based on Special Incident Reports (SIRs), probation officers were able to set short-term behavior goals for minors. One prime example was utilization of gift cards. Gift cards were used to purchase clothing, obtain birth certificates, infant items and formula, food and payment for parenting classes. The SIRs are inevitable. However, there has been an improvement in a short time-frame. The Incentive Library has also been finalized. Reading is used as an incentive for our youth. A catalogue is being created so probation officers can share this vital resource with their youth both in custody and in group homes.

Orange County Social Services Agency/Children and Family Services System Improvement Plan (OC SSA/CFS SIP)**SAFETY (November 7, 2009- November 7, 2012)****Outcome/Systemic Factor:****Children are first and foremost, protected from abuse and neglect.****SAFETY – No Recurrence of Maltreatment**

Of all children with a first substantiated referral during the 12-month study period, what percent did not have a subsequent substantiated referral within 6 months?

County's Current Performance:

Orange County's rate for "no recurrence of maltreatment" has fluctuated between 94.6% - 94.9% within the past year, continuing to perform above the California State standard of 93.0%, demonstrating a decrease in substantiated referrals over the two and a half years since the previous County Self Assessment 2007/2008. This trend **is due to expanding early family engagement, increasing prevention and early intervention services, and improving family supports through linkages to community based resources.**

Percentages are fairly consistent across ethnicities and ages. White children have had an increase in recurrence of maltreatment compared to prior years, while Hispanic and Asian/Pacific Islander groups have had fewer recurrences of maltreatment. The oldest age group, 16 and 17 year olds, consistently have low recurrence rates. There are no apparent gender differences.

Due to the Agency's long-standing commitment to child safety, the following goals have been chosen to continue to decrease the rate of recurrence of abuse:

- Expand early family engagement
- Increase prevention and early intervention services
- Improve family supports through linkages to community-based resources

Improvement Goal 1.0

Expand Early Family Engagement

Strategy 1. 1**Enhance Emergency Response (ER) Services with available funding resources.****Strategy Rationale**

An effective, strength-based, and integrated response to initial referrals of suspected child abuse and neglect will decrease the rate of subsequent referrals.

Milestone	1.1.1 Continue to expand the use of the field response protocol by teaming with law enforcement departments to facilitate joint assessments and emergency removals in cities where staff are regionally assigned.	Timeframe	<input type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-11/07/12 Ongoing	Assigned to	<ul style="list-style-type: none"> Child Abuse Registry (CAR) ER Families and Communities Together (FaCT) 	Update	<ul style="list-style-type: none"> Field Response Protocol was implemented in nine cities: Santa Ana, Anaheim, Tustin, Orange, Garden Grove, Newport Beach, La Palma, Los Alamitos, and Costa Mesa and the Orange County Sherriff's Department. Five cities, Fountain Valley, Irvine, Seal Beach, Placentia and Buena Park are pending.
	1.1.2 Assess and address Imminent Risk Team Decision Making (TDM) meeting challenges to increase TDM utilization.		<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-11/07/12 Completed Ongoing		<ul style="list-style-type: none"> ER TDM 		<ul style="list-style-type: none"> TDM Strategy Workgroup and Managers assessed & identified referral challenges Consequently, increased TDM outreach and training increased the number of Imminent Risk TDMs by 66%.
	1.1.3 Assess and address challenges of Emergency Removal TDMs regarding parachute cases.		<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-11/07/12 Completed Ongoing		<ul style="list-style-type: none"> ER TDM 		<ul style="list-style-type: none"> TDM Strategy Workgroup and Managers are assessing challenges by implementing a Plan-Do-Study-Act (PDSA) for six months. The PDSA is focused on Parachute and after hour's cases for African American families.
	1.1.4 Quality Assurance (QA) Unit will conduct a survey and provide survey results, regarding African American Families involved in removal TDM meetings to determine if clients felt they had appropriate advocacy.		<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-11/07/12 Completed Ongoing		<ul style="list-style-type: none"> TDM QA 		<ul style="list-style-type: none"> Survey results indicated that African American families that were contacted before a TDM and advised that they could bring family advocates were more likely to bring advocates to the TDMs. Follow-up to survey by implementing "parachute" assistance for African American families via ER staff. Efforts and results will be reviewed in January 2011 with consideration to adding

						additional under-represented populations such as our Asian-Pacific islander and Native American Indian families.
Strategy 1. 2 Expand services to promote early engagement with families.				Strategy Rationale ¹ Early provision of services that meet parents' needs through information, support, and community-involved referrals will decrease the rate of subsequent recurrence of abuse.		
Milestone	1.2.1 Continue the use of Voluntary Placements as an alternative for families to court-ordered placement by meeting with parents at initial contact by CFS to assess level of intervention and provide needed resources.	Timeframe	<input type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-11/07/12 Ongoing	Assigned to	Update	<ul style="list-style-type: none"> • Family Maintenance Collaborative Services (FMCS) • Two phases were established. • Phase I identifies families that are voluntary placements by way of assessments and pre-placement preventative services. • In Phase II families who need a temporary separation are identified in an imminent risk TDM. • ER and FMCS are vital as an alternate to court involvement when appropriate.
	1.2.2 Continue providing FMCS workers to California Work Opportunity and Responsibility to Kids (CalWORKs) regional offices to participate in their Prevention Services Multi-Disciplinary Team (MDT) meetings and assist with assessments of at-risk families.		<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-11/07/12 Completed Ongoing			<ul style="list-style-type: none"> • FMCS • FMCS workers participate in CalWORKs Prevention Services MDT Meetings. • Voluntary Family Services (VFS), ER, Differential Response (DR), Domestic Abuse Services Unit (DASU) and MDT units of staff are established at all four CalWORKs regional offices for the purpose of enhancing relationships and increasing shared resources.
	1.2.3 Increase parent mentor support to birth parents through partnerships with the community, such as Parents Taking Action (PTA) and Parent Mentor Programs.		<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-11/07/12 Completed Ongoing			<ul style="list-style-type: none"> • ER • TDM • Parents Taking Action (PTA) • Parent • Successfully reunified 10 birth parents have been trained as parent volunteers for TDMs. • PTA is recruiting additional successfully reunified birth parents to receive training and begin parent

				Mentors		mentor support.
1.2.4 Assess the effectiveness and role of parent mentors' participation at TDMs in which they provide early family engagement and resources for family reunification.	<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-11/07/12 Completed Ongoing			<ul style="list-style-type: none"> ER TDM Parent Mentors 		<ul style="list-style-type: none"> A PDSA was implemented to complete the assessment. Findings indicated that birth parents felt supported by having a parent mentor who was familiar with resources, agency operations and supportive during TDMs.
1.2.5 Provide advanced training to social workers to increase their family assessment skills through Structured Decision Making (SDM) tools and motivational interviewing.	<input type="checkbox"/> 11/07/09-11/07/10 <input checked="" type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-11/07/12 Ongoing			<ul style="list-style-type: none"> Training and Career Development (TCD) SDM and Safe Measures Assessments CFS Supervisors 		<ul style="list-style-type: none"> Advanced training is being developed by TCD and CAR.
1.2.6 Increase utilization of Family Resource Centers (FRCs) by reviewing their current parent education and counseling services and identifying any needed redesign of current programs.	<input type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-11/07/12 Ongoing			<ul style="list-style-type: none"> FaCT Redesign Planning Group 		<ul style="list-style-type: none"> The Redesign Planning Council Sub-group reviewed contracted services, FRCs, and identified those client services preferred by clients. Subgroups recommendations of client and contracted services identified as preferred or priority will be submitted to the Redesign Planning Council.

¹ Describe how the strategies will build on progress and improve this outcome or systemic factor

Improvement Goal 2.0

Increase Prevention and Early Intervention Services.

Strategy 2.1

Expand prevention services.

Strategy Rationale ¹

Assignment of Social Services Agency/Children and Family Services (SSA/CFS) social workers to current intra-agency programs that provide pre-allegation screenings and support for at-risk families will potentially reduce recurrence of abuse.

System Improvement Plan Template

version 2.1

Milestone	Timeframe	Assigned to	Update
2.1.1 Continue to assign FMCS workers to CalWORKs regional offices to participate in their Prevention Services MDT meetings and assist with assessments of at-risk families.	<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-11/07/12 Completed Ongoing	<ul style="list-style-type: none"> VFS ER DR CalWORKs DASU MDT 	<ul style="list-style-type: none"> FMCS workers participate in CalWORKs Prevention Services Multi Disciplinary Team Meetings. VFS, ER, DR, DASU and MDT are established at all four CalWORKs regional offices for the purpose of enhancing relationships and increasing shared resources.
2.1.2 Continue to utilize Early Childhood System of Care (ECSOC) Developmental Screening program for children under the age of six entering the child welfare system.	<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-11/07/12 Completed Ongoing	<ul style="list-style-type: none"> Clinical Evaluation and Guidance Unit (CEGU) ECSOC Orangewood Children and Family center (OCFC) Health Care Agency (HCA) Public Health Nurses (PHNs) 	<ul style="list-style-type: none"> ECSOC, CEGU, HCA PHNs and OCFC pre-school programs continue to provide developmental and mental health screenings, educational information, and resources for children under the age of six that are placed in out-of-home care.
2.1.3 Continue to track utilization and collaborate with Community Based Organizations (CBOs) in the implementation and development of Differential Response I (DR I) and Differential Response II (DR II).	<input type="checkbox"/> 11/07/09-11/07/10 <input checked="" type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-11/07/12 Completed Ongoing	<ul style="list-style-type: none"> MDT DR I & II Child Abuse Prevention Center CBOs 	<ul style="list-style-type: none"> Path I-The Differential Response MOU was approved by the Board of Supervisors October 2009. A MDT was formed to assess and serve families. Path II. CWS/CMS Report Team is tracking Path 1 and Path II involvement using a special project code. Advanced tracking is being developed for full utilization by December 31, 2010 to assess Community Based Organizations (CBOs) and DR I utilization.

	2.1.4 Ensure appropriate referrals to SAFE Families Domestic Violence Project and FRCs.	<input type="checkbox"/> 11/07/09-11/07/10 <input checked="" type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-11/07/12 Ongoing	<ul style="list-style-type: none"> • DRI • DRII • FaCT • HCA 	<ul style="list-style-type: none"> • Domestic Violence Project-CFS: Santa Ana Corbin Center, Minnie Street, FRCs, Anaheim Fullerton FRC, Anaheim Harbor FRC, CalWORKs, and Health care Agency (HCA) Upbeat program continue to work together to provide services for this population. • SAFE Families Project: As of 4/14/10, the Superior Court closed the Safe Families program due to budget constraints.
	2.1.5 Revise the SSA/CFS Case Termination Form (F063-25-117) to include a check box for social workers to refer parents to the CFS Parent Leadership program thereby increasing better engagement between reunified parents and the CFS Parent Leadership Program.	<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-11/07/12 Completed	<ul style="list-style-type: none"> • TDM • Policy Development Unit (PDU) 	<ul style="list-style-type: none"> • Form was revised March 2010 and is included as part of the updated Case Termination Policy and Procedure.
Strategy 2. 2 Expand early intervention services.			Strategy Rationale Addressing a family's unique needs by utilizing specially trained staff for individualized assessments will increase the success of referrals and services provided, decreasing recurrence of abuse and neglect.	
Milestone	2.2.1 Continue to ensure appropriate referrals to the ECSOC Developmental Screening program for children under the age of six entering the child welfare system	<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-11/07/12 Completed Ongoing	Assigned to <ul style="list-style-type: none"> • OCFC • Public Health Nurses (PHNs) 	Update <ul style="list-style-type: none"> • Developed an assessment and tracking system to accurately identify the sources, number, timing, and appropriateness of referrals. • Data results are being reviewed.
	2.2.2 Review current available resources to assess their ability to meet the needs of clients, as identified in their court ordered case plans and design a comprehensive matrix of	<input type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-11/07/12 Ongoing	<ul style="list-style-type: none"> • Contracts • Resource Development and Support • Redesign Planning 	<ul style="list-style-type: none"> • Available resources: A subgroup was developed to review community and birth parent feedback, effectiveness of contracted services and case plans.

resources to address their needs in a timely fashion.			<ul style="list-style-type: none"> Council Subgroup CBOs: Birth Parent and Youth Focus groups 	<ul style="list-style-type: none"> Recommendations regarding birth parent feedback and contracted services will be presented to the Redesign Planning Council in October 2010. Case Plans: The Subgroup is beginning its analysis of court ordered case plans and developing recommendations.
2.2.3 Continue to increase collaboration between senior social workers, Court, attorneys, birth parents, and child caregivers to share information regarding client needs, early intervention and available services by meeting regularly via the Family to Family (F2F) Strategy Workgroups and quarterly community forums.	<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-11/07/12 Completed Ongoing		<ul style="list-style-type: none"> CFS Court Programs Juvenile court staff and attorneys Parent Mentors Community Based Organizations 	<ul style="list-style-type: none"> The F2F Strategy Meetings meet regularly with court, community partners and parent mentors to develop goals, share information, offer recommendations and provide feedback regarding services. CFS Court Program Managers facilitate quarterly Regional resource events that combine community partners, service providers and social workers to increase communication and familiarity of services.
2.2.4 Continue use of SAFE Families Domestic Violence Project and collaboration with MDT at four identified Courts with one to two social workers stationed at each court.	<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-11/07/12 Completed Ongoing		<ul style="list-style-type: none"> DASU Superior Court 	<ul style="list-style-type: none"> The SAFE Families project discontinued on 4/14/10 due to budget constraints. CFS Domestic Abuse Services Unit (DASU) continued to provide services to clients but they are not located at the Court as was the SAFE Families project.

¹ Describe how the strategies will build on progress and improve this outcome or systemic factor

Improvement Goal 3.0 Improve family supports through linkages to community-based resources.					
Strategy 3.1 Increase community-based resources.			Strategy Rationale ¹ Access to regionalized, community-based services will support family engagement and enable parents to remedy child welfare concerns. Community-based resources will also provide a continuum of services after the SSA/CFS assessment and/or case closure, potentially reducing recurrence of abuse and neglect.		
Milestone 3.1.1 Meet with various foundations and community stakeholders who currently support SSA/CFS to explore ways to expand and provide culturally appropriate and required resources.	Timeframe <input checked="" type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-11/07/12 Completed Ongoing	Assigned to <ul style="list-style-type: none"> • Blue Ribbon Commission, • Recruitment, Development, and Support (RDS) • Deputies, CFS Director • Redesign Planning Council • Indian Child Welfare Act (ICWA) 	Update <ul style="list-style-type: none"> • CFS Director meets regularly with members from foundations and community stakeholders to discuss continued support of SSA activities and resources. These organizations included Annie E. Casey Foundation, the Stuart Foundation, and Casey Family Programs, Orangewood Children's Foundation, the RAISE Foundation, The Orange County Child Abuse Prevention Center, Boy's Town, Olive Crest Treatment Centers and members of the Redesign Planning Council. • Various community partners attend RDS & ERDD, including ChildShare, Saddleback Community College, Olive Crest, Boys Town, Saddleback Church, Probation, Mental Health, Alcohol and Drug Abuse Services (ADAS), and Orange County School Districts regarding culturally competent resources. RDS and Foster and Adoptive Family Development Team (FAFDT) partner with Saddleback College, Saddleback Church, and HCA on trainings and support for foster, adoptive, and relative caregivers. 		

3.1.2 Continue to geographically regionalize assignment of caseloads to SSA/CFS staff.	<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-11/07/12 Ongoing	<ul style="list-style-type: none"> • FMCS • FaCT • Court Programs • ER • VFS 	<ul style="list-style-type: none"> • FMCS is regionalized by caseload and co-location at four regional CalWORKs offices. • ER, VFS, and all continuing Court Programs: Referrals and Cases continue to be assigned regionally. All regions currently have both ER and VFS workers assigned to regional offices.
3.1.3 Increase facilitation of TDMs in targeted regionalized communities.	<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-11/07/12 Completed Ongoing	<ul style="list-style-type: none"> • TDM • Community Partners • FRCs • Tustin Family Campus (TFC) • CalWORKs 	<ul style="list-style-type: none"> • TDMs are mandated to be held in designated offices for families who live in those regions unless there are extenuating circumstances, like the need for child care. • Three new locations have been established: two in local offices and one in the community.
3.1.4 Decrease the rate of recurrence of maltreatment by providing referrals for adequate aftercare services and community supports at the time of Exit from Placement TDMs.	<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-11/07/12 Completed Ongoing	<ul style="list-style-type: none"> • TDM • FRCs • CalWORKs • Mental health • CBO 	<ul style="list-style-type: none"> • Exit from Placement TDMs: Services for parents are discussed and providers are invited to the table to assist with services. This includes CalWORKs and other community partners. • 60 Day Trial Visits: A TDM plan is developed for children to return to their parent's home on a 60-day trial visit. During the TDM a plan is developed that will support the family during and after the trial visit. This may include coordination of services with CalWORKs, mental health, family resource centers, and other community partners.
3.1.5 Assess the effectiveness and expansion of parent mentors	<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-11/07/12	<ul style="list-style-type: none"> • Family Support Network 	<ul style="list-style-type: none"> • Assessment: Two PDSAs were completed regarding parent mentor participation at TDMs.

participation at TDMs to provide support to birth parents.		Completed Ongoing	(FSN) <ul style="list-style-type: none">• TDMs• Parent Mentors• Parent Volunteers	<ul style="list-style-type: none">• Findings: All parents indicated they benefitted from the support of the parent mentors at TDMs.• The Parent Mentor Program is funded by the County and is under the supervision of a contract agency. They are not able to expand at this time due to budgetary constraints.• Parent Volunteers: CFS has moved forward with the development of a Parent Volunteer Program. Parent Volunteers begin TDM participation mid October 2010.• Explore partners with Casey Family Program to expand volunteer efforts.
3.1.6 Increase families' knowledge of and access to available community services before, during, and after dependency to provide prevention, maintenance, and after care support.	<input type="checkbox"/> 11/07/09-11/07/10 <input checked="" type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-11/07/12 Ongoing	<ul style="list-style-type: none">• CAR• ER• Faith Based Organizations• FRCs• F2F Strategy Workgroups• Foster care Auxiliary• Community College• Foster Family Agencies (FFAs)• ICWA	<ul style="list-style-type: none">• CFS: A technical computer/web based resource group is assessing current resources and their capacity to become web based.• CFS: The CAR changed their hotline to include a transfer to info line 211 for resources. The info line continues to be an option to provide resources for incoming callers to receive preventative resources.• Community Partners: The RDS Meeting and Foster Care Auxiliary collaborates to share resources through training, special events, monetary/gifts, support groups, and their websites.• Community Partners: Saddleback College Foster and Kinship Care provide training and support groups to foster parents.	

					<ul style="list-style-type: none"> • CFS: The Kinship support service intern program assesses caregivers and focuses on immediate needs beginning at the initial placement of a child so that services, referrals, follow up and advocacy are fully implemented. • FRCs: The Case Plan/Contracted Services workgroup is looking at providing contracted services through the FRCs to increase families awareness and access to services at their local FRC and other resources in their communities
Describe systemic changes needed to further support the improvement goals. <ul style="list-style-type: none"> • Budget challenges impact the number of Parent Mentor positions needed to provide FSN services. • Stable and adequate funding is needed to meet improvement goals. • County policies require a Memorandum of Understanding (MOU) for collocation of SSA/CFS staff in non-county buildings. 					
Describe educational/training needs (including technical assistance) to achieve the improvement goals. <ul style="list-style-type: none"> • Community partners and SSA/CFS staff will need additional training regarding DR and Parent Mentor programs to increase their knowledge base and effective use of these services. • Process groups will be held with SSA/CFS staff to discuss relevance, benefits, and training of increased TDMs for Exit Placements in the community. • Community partners and SSA/CFS staff will need advanced training on family assessments, motivational interviewing, and the unique cultural and race dynamics affecting service delivery. 					
Identify roles of the other partners in achieving the improvement goals. <ul style="list-style-type: none"> • Teaming with HCA, Probation, and Domestic Violence (DV) Shelters to provide the SAFE Families Project. • Partnering with Parent mentors in TDM meetings when appropriate. • HCA, Probation, and CBOs shall partner with SSA/CFS to provide Wraparound services for youth, families, and caretakers. • SSA/CFS shall continue to collaborate with CalWORKs, HCA, FRCs, and CBOs to provide DR services. • Explore Collaborative Community Court model for Drug Dependency Court particularly for families with Family Reunification Plans. 					
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. <ul style="list-style-type: none"> • Legislative changes needed to enhance DR services delivery regarding confidentiality and sharing of information with CBOs and Faith Base Organizations (FBOs). 					

¹ Describe how the strategies will build on progress and improve this outcome or systemic factor

Orange County Social Services Agency/Children and Family Services System Improvement Plan (OC SSA/CFS SIP)**PERMANENCE (November 7, 2009 – November 7, 2012)****Outcome/Systemic Factor:****Children have permanency and stability in their living situations without increasing reentry to foster care.****PERMANENCE – Reunification within 12 months by decreasing time to reunification****County's Current Performance:**

Orange County Children and Family Services (CFS) rate of reunification as measured by the reunification composite C1 (122.0), has improved by 5% over the past 2 quarters and is higher than the State's performance (114.5), although still slightly below the National Standard score of 122.6. Specifically, the current reporting period indicated that 60.6% of children exiting care reunified within 12 months (measure C1.1) compared to the National Standard of 75.2% and California performance of 64%. The median time to reunification for those who reunified was 9.9 months (measure C1.2), compared to the National Standard of 5.4 months and California performance of 8.2 months. As indicated by measure C1.3, 38.8% of children entering care within a six month study period reunified within 12 months, compared to the National standard of 48.4% and California performance of 43.8%. Although time to reunification is slower than desired, it is mitigated by Orange County's rate of successful reunifications. In measurements of re-entry to foster care following reunification, Orange County data demonstrates a current re-entry rate of 5.5%, which compares favorably with the National Standard of 9.9%, and a California statewide performance of 11.9%. It is also important to note that the re-entry composite contributes 46% to the overall reunification composite, explaining the County's relatively high composite performance compared to the State.

Although ethnic differences have not always been consistent between past quarters, in recent study periods Black children no longer had a lower rate of reunification or longer time to reunification compared to other ethnic groups. Over the last several study periods, the median time to reunification for these children has continued to decrease. However, Black children are still the most likely to re-enter care within 12 months of reunification.

Analysis of Orange County practice and other systemic factors indicates that a wide range of issues contribute to the rate of reunification. Stakeholder feedback has indicated that all parties involved in reunification services need to be aware of federally mandated time frames, resources, and services that will assist the families to successfully reunify, as well as concurrently planning for permanency when the child first comes to the attention of CFS. Despite a comprehensive array of services available to support families, issues such as Juvenile Court continuances and contested hearings continue to be a challenge and a barrier to timely reunification. Additionally, resources that do not target specific family issues, waiting list, and case plans delay parents' commitment to engaging in services, completion of court ordered case plans and lengthen time to reunification. Further, social work practice that focus on court timelines rather than the readiness of families to reunify, and a lack of affordable housing and employment for families all contribute to a slower rate of reunification.

To increase the number of families reunifying within 12 months, strategies to increase early engagement, enhanced services and timely management of family reunification cases will be implemented as follows:

- Promote early family engagement and on-going assessment of readiness for family reunification.
- Enhance supportive services and resources to better meet the needs of families and increase completion of court ordered service plans.
- Assess, expand and improve the use of resources such as family resource centers and support and training for caregivers by increasing linkages with community partners, clients and staff.

Strengthen services for successful family reunification and aftercare supportive resources.

Improvement Goal 1.0 Promote early family engagement and on-going assessment of readiness for family reunification.							
Strategy 1. 1 Expand existing services to promote early family engagement.				Strategy Rationale¹ Early provision of services that meet parents’ needs through information, support, and community-involved referrals will potentially decrease recurrence of abuse.			
Milestone	1.1.1 Continue utilization of Family Services Workers (FSWs) and expand these services to Specialized Family Services (SFS) Program to engage parents at post detention who will likely have a Family Reunification (FR) case plan. Engagement to include early referral to services and work with parents to ensure early engagement	Timeframe	<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-11/07/12 Completed Ongoing	Assigned to	<ul style="list-style-type: none">• Dependency Investigations• SFS• Drug Dependency Court (DDC)	Update	<ul style="list-style-type: none">• SFS: In January 2010 SFS implemented FSW services. SFS/FSW services initiate early family engagement with parents at the Detention Hearing to assess and link to services.• DDC: Parents accepted into Dependency Drug Court are assigned a DDC SSW who will support the parent in early engagement to services and parent/child visitation.
	1.1.2 Develop procedures to monitor, track, and evaluate implementation of TDM Action plans.		<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-11/07/12 Completed Ongoing				<ul style="list-style-type: none">• TDM• PDU
Improvement Goal 2.0 Enhance prevention and supportive services/resources that meet needs of families to complete court ordered service plans.							
Strategy 2.1 Expand services to promote completion of court ordered service plans.				Strategy Rationale¹ Identification of current contracted and non contracted services that provide early family engagement, screenings and support for at-risk families throughout the life of dependency cases.			

¹ Describe how the strategies will build on progress and improve this outcome or systemic factor

Milestone	2.1.1 Increase parent attendance at Parent Orientation sessions through collaboration with courts, parent mentors, and SSA/CFS staff.	Timeframe	<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-11/07/12 Completed Ongoing	Assigned to	<ul style="list-style-type: none"> • TDM • ER • Parent Mentors • Court 	Update	<ul style="list-style-type: none"> • Parent Orientation Brochure: The TDM brochure is being updated, which includes information about the Parent Orientation program. Brochures are given to all parents at time of removal by an ER worker. • TDM: Parent Orientation is discussed at the ER TDM; and on the date of the detention hearing, • Parent Mentors: Provide Parent Orientation brochures to parents at court hearings.
	2.1.2 Develop an evaluation tool that identifies the effectiveness of early family engagement between parent mentors and birth parents working towards family reunification.		<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-11/07/12 Completed		<ul style="list-style-type: none"> • TDM • Parent Mentors • Child Welfare Services/Case Management System (CWS/CMS) 		<ul style="list-style-type: none"> • A tracking system was developed that identifies and provides data regarding parents who had a Mentor and the length of time to reunification. Outcome measures are being analyzed.
	2.1.3 Through the Redesign Planning Council hold focus groups comprised of stakeholders, parents and other community partners to assess current contracted services and supportive resources, identifying the most utilized and effective.		<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-11/07/12 Completed		<ul style="list-style-type: none"> • Redesign Planning Council • Parent's Anonymous • Raise Foundation 		<ul style="list-style-type: none"> • Focus groups: Several groups were facilitated with community partners, major stakeholders, youth, birth parents and caregivers. • Results Focus group results were reviewed and recommendations presented to the Redesign Planning Council • Redesign Planning Council: A subgroup of the Council incorporated results into their analysis of contracted services and needs for service improvement based on the focus groups responses. • Obtain support of Blue Ribbon Commission.

2.1.4 SSA/CFS and community partners to collaborate and develop a comprehensive regionalized matrix of services/resources for the purpose of assisting clients in the completion of case plans and successful family reunification.	<input type="checkbox"/> 11/07/09-11/07/10 <input checked="" type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-11/07/12 Ongoing	<ul style="list-style-type: none"> • Resource Development and Management (RDM) • CFS Information Technology (IT) Support • PDU • Transitional Planning Services (TPS) • Redesign Planning Council 	<ul style="list-style-type: none"> • CFS, SSA, and Court are developing a secure electronic system to explore the exchange of information. • CFS: A technical computer/web based resource group is assessing current resources and their capacity to become web based. • PDU is currently participating in a workgroup to discuss individualizing case plans. The outcome of this discussion may affect future CFS policy and communication in this area.
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¹ Describe how the strategies will build on progress and improve this outcome or systemic factor

Improvement Goal 3.0 Assess, expand, and improve natural resources such as family resource centers and caregiver support groups through linkages between community partners, clients and staff.	
Strategy 3.1 Increase collaboration between SSA/CFS and community based organizations with the objective of providing necessary resources to clients that meet their needs.	Strategy Rationale ¹ Access, expand, and continue to regionalize SSA/CFS and community based services that will support family engagement and enable parents to address their issues that brought them to the attention of Children and Family Services.

Milestone		Timeframe		Assigned to		Update
	3.1.1 SSA/CFS to continue to collaborate with community based organizations with the objective of identifying current resources that meet clients' needs.		<input type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-11/07/12 Ongoing		<ul style="list-style-type: none"> • RDS • CFS • Community Partners • ICWA 	<ul style="list-style-type: none"> • RDS: Participants of RDS include Child Share, Saddleback Community College, Olive Crest, Boys Town, and faith based organizations who meet regularly to review family needs and provide supportive services. • FAFDT: works with community partners to provide services that meet the needs of clients/families such as the Treasure Box, Once Upon a Time, and Adopt a Social Worker. • DASU: Liaisons with the DV shelters provide resources for DV victims. • FMCS: including DASU, attend Family Resource Center Case Management Team Meetings and CalWORKs multi-disciplinary meetings to identify resources. • Differential Response Path 1: is designed to employ a community based response to families that are subjects of Child Abuse Reports that do not meet the statutory level of abuse/neglect. The Differential Response Path 1 MDT is comprised of members of the Raise Foundation, The Child Abuse Prevention Center, Children's Bureau, HCA, CFS and Olive Crest.

3.1.2 Hold countywide regional resource meetings with SSA/CFS staff and community partners. These meetings will promote the sharing of information and usage of community based resources. Access to this resource information will be provided on the SSA/CFS intranet.	<input type="checkbox"/> 11/07/09-11/07/10 <input checked="" type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-11/07/12 Ongoing	<ul style="list-style-type: none"> • Court Managers • Community Partners • Resource Development and Management (RDM) 	<ul style="list-style-type: none"> • Court Managers in conjunction with community partners coordinate and facilitate regularly scheduled Regional Community Meetings for the purpose of increasing social worker's knowledge of resources and establishing links between CFS and community partners. • CFS: A technical computer/web based resource group is assessing current resources and their capacity to become web based.
3.1.3 SSA/CFS to increase utilization of offsite TDMs in targeted communities by requesting donated space and developing a TDM facilitator assignment procedure and protocol.	<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-11/07/12 Completed Ongoing	<ul style="list-style-type: none"> • TDM • Community Partners • CalWORKs 	<ul style="list-style-type: none"> • Three community partner sites established a space provided for TDMs at: Paladin Eastside Counseling Services, the Mexican Consulate's office and Access agency for the Muslim Community. • Four CalWORKs sites established a space provided at each location for TDMs. • TFC identified and space provided for TDMs.
3.1.4 Continue to provide referrals for services and community based supports at the time of TDM placement change meetings	<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-11/07/12 Completed Ongoing	<ul style="list-style-type: none"> • TDM • Community Partners • CalWORKs • FRCs 	<ul style="list-style-type: none"> • TDM Facilitators discuss needs of the family and children, as well as services that may support them. • Community Partners, FRCs, and CalWORKs often participate in TDMs and provide services and support when appropriate.
3.1.5 Develop a strategy to implement a peer-mentor support program for new caregivers through new partnerships such as Foster Care Auxiliary Board, Kinship Supportive Services Program, and OCFC staff.	<input type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-11/07/12 Ongoing	<ul style="list-style-type: none"> • CFS • Foster Care Auxiliary Board • Kinship Supportive Services • OCFC 	<ul style="list-style-type: none"> • Foster Parents and caregivers attend support groups where support and shared ideas are encouraged. • Foster Care Auxiliary: The Auxiliary provides foster parents resources and peer support. They are looking at developing "A buddy system" by pairing an experienced foster parent with a new foster parent in order to show them the

				<ul style="list-style-type: none">Olive Crest	<ul style="list-style-type: none">ropes and much needed supportKSSP & CFS: A similar buddy system is being discussed for relatives and Non-Relative Extended Family Members (NREFMs).Survey Results: Indicated a strong need for an increase in utilization of Parent Mentors at TDMs; disparity and disproportionate representation of families/children of color in dependency cycle exists.Recommendations: Develop volunteer pool to mentor parents. Review Parent Mentor Contract.Redesign Planning Council: Results are being reported to the Redesign Planning Council.Volunteer mentor pool is being pursued.New members include staff from the HCA/Mental Health Services Act (MHSA), probation, Mexican Consulate, Paladin, MECCA (Multi-Ethnic Collaborative of Community Agencies), MECCA Attorneys, Court, birth parents and foster youth.
3.1.6 Analyze current SSA/CFS data and National Center on Substance Abuse and Child Welfare (NCSACW) survey results from successfully reunified parents to identify what resources were useful in successful early family reunification and what, if any, cultural and racial barriers existed.		<div><input checked="" type="checkbox"/> 11/07/09-11/07/10</div> <div><input type="checkbox"/> 11/07/10-11/07/11</div> <div><input type="checkbox"/> 11/07/11-11/07/12</div> <div>Completed</div> <div>Ongoing</div>		<ul style="list-style-type: none">CFSNCSACWCommunity PartnersRedesign Planning Council	
3.1.7 Continue to recruit community stakeholders as participants to the monthly ERDD Advisory group.		<div><input type="checkbox"/> 11/07/09-11/07/10</div> <div><input type="checkbox"/> 11/07/10-11/07/11</div> <div><input checked="" type="checkbox"/> 11/07/11-11/07/12</div> <div>Ongoing</div>		<ul style="list-style-type: none">ERDDCFSTCDCommunity Partners	

¹ Describe how the strategies will build on progress and improve this outcome or systemic factor

Improvement Goal 4.0 Strengthen services for successful family reunification and aftercare supportive services.	
Strategy 4.1 Expand reunification services.	Strategy Rationale ¹ Provision of comprehensive services to reunifying families that emphasize early and intensive family engagement, such as parent mentorship and TDM will decrease recurrence of abuse and support successfully reunified families.

Milestone	4.1.1 Explore capacity and cross system barriers to expanding DDC Services to serve additional families.	<input type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-11/07/12 Ongoing	Assigned to	<ul style="list-style-type: none">• CFS• DDC• HCA• Panel Attorneys	Update	<ul style="list-style-type: none">• CFS and DDC continue to meet regularly to discuss capacity and expansion of services. Identified barriers are limited budgets, staff and DDC requirements to participate.• Recommendations have been made to Juvenile court.
	4.1.2 Continue to maximize funding for the provision of Wraparound Services.	<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-11/07/12 Completed Ongoing		<ul style="list-style-type: none">• Wraparound Services (WRAP)• FFAs		<ul style="list-style-type: none">• Community partners and Wrap continue to evaluate the impact of new group home rates and Wrap expenditures.• Evaluating (Adoption Assistant Program (AAP) administrative costs.
	4.1.3 Evaluate Parent Mentorship program capabilities to determine feasibility of expanding and increasing utilization of Parent Mentors in Parent Orientation sessions, TDMs, and warm-line assistance.	<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-11/07/12 Completed Ongoing	Assigned to	<ul style="list-style-type: none">• Parent Mentor Program• Parent Volunteers• PTA• TDMs• Parent Leadership Task Force (PLTF)	Update	<ul style="list-style-type: none">• The Parent Mentor program is unable to expand due to limited budgetary constraints.• Successfully reunified birth parents are being trained primarily as parent volunteers for TDMs and later for Parent Orientation and Warm-line assistance.• PTA is recruiting additional successfully reunified birth parents to receive training and begin parent mentor support.
	4.1.4 Evaluate contract services to maximize the delivery of services with reduced funding.	<input type="checkbox"/> 11/07/09-11/07/10 <input checked="" type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-11/07/12 Ongoing		<ul style="list-style-type: none">• Community Partners• CFS• Contracts• Redesign Planning Council		<ul style="list-style-type: none">• Focus groups: Several groups were facilitated with community partners, stakeholders, youth, birth parents and caregivers.• Results: A collection of focus group results were reviewed and recommendations presented to the Redesign Planning Council• Redesign Planning Council: A subgroup of the Council incorporated results into their analysis of contracted services and needs for service improvement based on the focus groups responses.

				<ul style="list-style-type: none">Contracted Services: Contracts were modified to best meet the needs of families and their children.
4.1.5 Implement the Mother/Child Program at the TFC, a multi-use residential facility to evaluate the effectiveness of the services provided.	<input type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-11/07/12 Ongoing		<ul style="list-style-type: none">Children and Families CommissionPrototypesTFC	<ul style="list-style-type: none">Partnership with Children and Families Commission, Prototypes and the TFC, resulted in implementation of the program. 15 existing slots for mothers are currently filled.
4.1.6 SSA/CFS and community partners to provide after-care services by collaborating, assessing and identifying services for clients that will assist in the support of successfully reunified families.	<input type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-11/07/12 Ongoing		<ul style="list-style-type: none">WRAPTDMCommunity Partners	<ul style="list-style-type: none">Wraparound teams connect families to natural community resources before, during and after a child has been placed to ensure safety and family reunification.Exit from Placement TDMs assist families in assessing and identifying their current strengths and challenges and connect them to resources in their community to provide supportive services future safety and stabilityCommunity partners such as FRCs, and faith based organizations assist in support and resources for families and their children before, during and after the dependency process.
4.1.7 SSA/CFS to assess Concurrent Planning Families and develop a strategy to increase utilization if appropriate	<input type="checkbox"/> 11/07/09-11/07/10 <input checked="" type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-11/07/12 Ongoing		<ul style="list-style-type: none">AdoptionsFAFDT	<ul style="list-style-type: none">Level Five Concurrent Planning level is for families willing to provide intensive family reunification support and able to adopt if the opportunity should arise. This type of placement would minimize placement changes and support placement stability.Recruitment strategies for new adoptive families regarding Level Five Concurrent Planning placements are being reviewed.Current home studies of approved adoptive families and their interest to

					become Level Five Concurrent Planning placements are being reviewed. <ul style="list-style-type: none"> • Develop training through Public Child Welfare Training Academy.
Describe systemic changes needed to further support the improvement goal. <ul style="list-style-type: none"> • Social work positions are needed to maintain and increase FR, FSW and DDC referrals. • Consideration of contract expansion for Parent Mentor Program to increase early engagement and linkage to services with new families. • Additional parent mentor positions are needed to maintain and increase TDM attendance, Parent Orientation and warm-line. • Stable and adequate funding is needed to meet improvement goals. • Collaboration with community partners to identify and increase space needed to regionalize staff in the community. • A MOU will be required for collocation of SSA/CFS staff in non-county buildings. • HCA, Public Defender's Office, and County Counsel will require increased funding for staff expansion of DDC and corresponding increase in testing and treatment expenses. • Accurate and timely data entry into CWS/CMS of data fields that affect this performance outcome measurement. • Explore Collaborative Community Court model for Dependency Court particularly for families with FR plans. • Explore need and modification of current DDC paradigm. 					
Describe educational/training needs (including technical assistance) to achieve the improvement goals. <ul style="list-style-type: none"> • Community partners and SSA/CFS staff will need training regarding the different types of TDMs, purposes and benefits of TDM when TDMs should be held. • Community Partners and SSA/CFS staff will need training regarding Parent Orientation, Parent Leadership and Volunteers in relation to the warm-line and their roles with parents entering the dependency system. • Process groups are needed with SSA/CFS staff to discuss relevance, benefits and responsibilities of Exit Placement and all Placement TDMs. • Community Partners and SSA/CFS staff will build awareness of community ethnic and racial groups and its relationship to intervention and service delivery 					
Identify roles of the other partners in achieving the improvement goals. <ul style="list-style-type: none"> • Juvenile Court shall continue to provide space for Parent Orientation sessions. • Collaboration between Juvenile Court, HCA, Public Defender's Office, Probation and County Counsel to consider fiscal support for consideration of expansion of DDC and Wraparound services. • Probation, HCA, and CBOs shall team with SSA/CFS to provide assessments of at-risk youth and their families. • Parent Mentors and Parent Leadership volunteers shall participate in TDMs when appropriate. • HCA and CBOs shall partner with SSA/CFS to provide Wraparound services for youth, families and caregivers. • SSA and the Public Defenders Office to collaborate in maximizing Family Services Workers resources. 					
Describe how the strategies will build on progress and improve this outcome or systemic factor.					

Orange County Social Services Agency/Children and Family Services System Improvement Plan (OC SSA/CFS SIP)**STABILITY (November 7, 2009 - November 7, 2012)****Outcome/Systemic Factor:****Children have permanency and stability in their living situations without increasing reentry to foster care.****STABILITY - 1-2 Placements in foster care**

For all children in child welfare supervised foster care, what percent has no more than two placements?

County's Current Performance:

(C4) Reunification Composite

Orange County has made progress toward reaching the National Standard for placement stability as assessed by composite measure C4. Performance on the placement stability composite has increased from an initial baseline score of 72.7 (44.1% of the National Standard) for July 2002 – June 2003 to 93.9 (85.2% of the National Standard) for January 2009 – December 2009. Performances on each of the three indicators that assess placement stability have also improved.

(C4.1) For all children in child welfare supervised foster care during the 12-month study period who had been in care for less than 12 months, what percent had no more than two placements?

- Data for this Federal measure demonstrates an increase in the percent of our children in care for 8 days to 12 months who have had no more than two placements while in care. The initial baseline rate of 69.0% (July 2002 – June 2003) has increased to 85% for the most recent report (January 2009 – December 2009). Orange County is only 1% below the Federal Goal of 86%, and just above the current California State performance of 83.6%.

(C4.2) For all children in child welfare supervised foster care during the 12 month study period who had been in care 12 to 24 months, what percent had no more than two placements?

- Data for this Federal measure demonstrates an increase in the percent of our children in care for 12 to 24 months who have had no more than two placements while in care. The initial baseline rate of 45.3% (July 2002 – June 2003) has increased to 58.3% for the most recent report (January 2009 – December 2009), hovering below the Federal Goal of 65.4%, and just below the current California State performance of 62.2%.

(C4.3) For all children in child welfare supervised foster care during the 12 month study period who had been in care more than 24 months, what percent had no more than two placements?

- Data for this Federal measure demonstrates an increase in the percent of our children in care for more than 24 months who have had no more than two placements while in care. The initial baseline rate of 23.5% (July 2002 – June 2003) has increased to 32.6% for the most recent report period (January 2009 – December 2009), hovering below the Federal Goal of 41.8%, and below the current California State performance of 32.9%.

Overall, Black children are the most likely group of children to have two or fewer placements within the first year of placement. However, Black children are the most likely to experience more than two placements compared to other ethnic groups when in care for more than 12 months, while Asian/Pacific Islander children are the most likely to experience two or fewer placements. Orange County CFS conducted data and case specific research through a special project called ERDD Break Through Series Collaborative. This project is conducting data tracking and case research to assist Counties in re-examining services provided. There is a collaboration between CFS and community partners to introduce

disparities and disproportionality awareness and a review of possible contributing factors with the goal of understanding why disparities and disproportionality outcomes occur and to develop strategies to remedy remedy. For all three placement stability indicators, older children are less likely than younger children to have experienced two or fewer placements. There are no consistent differences in placement stability between boys and girls.

Placement Stability was chosen as a goal for improvement in the 2004 and 2007 System Improvement Plan. Through intensive, Agency-wide efforts that analyzed and improved policies, programs, and services, Orange County SSA/CFS has succeeded in significantly improving placement stability for children in foster care, particularly during the first 12 months of out of home care. Orange County recognizes placement stability as a significant contributor to the well being of foster children and wishes to make further improvement in this area and, therefore, selected this outcome measure for the 2009 – 2012 System Improvement Plan. Emphasis of this outcome measure will address improvement in the placement stability of all children in care regardless of ethnicity or race, with the goal of two or fewer placements in 12 to 24 months, and placement stability of children in care longer than 24 months as assessed by measures C4.2 and C4.3.

The following goals have been chosen to improve placement stability:

- Increase support to caregivers
- Preserve existing placements
- Increase foster parent and relative caregiver resources
- Increase foster parent and relative caregiver resources

Improvement Goal 1.0

Increase Support to caregivers

Strategy 1. 1

Assess needs of caregivers and develop training, support services and other community resources that will support caregivers as well as enhance their communication with parents.

Strategy Rationale²

Develop and maintain services for purposes of mutual support for parents and caregivers, resulting in more stable placements. Cross-training and support involving birth parents and caregivers will enhance parenting knowledge and skills and placement stability.

² Describe how the strategies will build on progress and improve this outcome or systemic factor

Milestone	Timeframe	Assigned to	Update
1.1.1 Survey caregivers thru continued use of the SDM tools to assess their needs and determine barriers for support services.	<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-11/07/12 Completed Ongoing	<ul style="list-style-type: none"> • Diversion and Placement • RAU • Placement Interns 	<ul style="list-style-type: none"> • The SDM tool for caregivers was discontinued due to its inability to accurately assess caregiver's strengths and challenges. • A Caregiver Social History Assessment tool was developed and is used before placement to assess the caregivers' strengths and weaknesses. Resources and support are linked to caregivers before, during and after children are placed in their care.
1.1.2 Develop a workgroup to assess the ability to use existing SSA/CFS resources to provide support to caregivers; i.e., 24 hour availability of staff and urgent care.	<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-11/07/12 Completed Ongoing	<ul style="list-style-type: none"> • RDS • Community Partners • OCFC • Kinship Caregiver Program 	<ul style="list-style-type: none"> • The RDS workgroup including community partners looked at the HCA/Behavioral Health Services (BHS)/Children and Youth Services (CYS) Centralized Assessment Team (CAT) at OCFC to provide after-hours psychiatric hospitalization assessments to youth in the community and develop after-hours Caregiver Support. CAT was implemented. • OCFC will continue to staff the CAR Hotline after-hours to provide 24-hour community access.
1.1.3 Develop and implement a supportive Mentor/Buddy System between experienced caregivers and new caregivers.	<input type="checkbox"/> 11/07/09-11/07/10 <input checked="" type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-11/07/12 Ongoing	<ul style="list-style-type: none"> • RDS • Foster Care Auxiliary Board 	<ul style="list-style-type: none"> • A proposed buddy system is being reviewed to match experienced caregivers with new caregivers to provide support and knowledge that only another experienced caregiver could provide.
1.1.4 Increase partnerships with CBOs to maintain and develop Neighborhood Based Support Systems for SSA/CFS children and parents.	<input type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-11/07/12 Ongoing	<ul style="list-style-type: none"> • CFS Court Managers • Community Partners • FBOs • FRCs 	<ul style="list-style-type: none"> • CFS Court managers facilitate regular Regional Meet & Greets between Community Partners, FRCs, FBOs, school districts, and CFS staff to increase familiarity, information sharing, and support for parents and their children.

		<ul style="list-style-type: none">• School Districts• ICWA	
1.1.5 Continue to track and explore the feasibility of increasing utilization of Icebreakers.	<input type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-11/07/12 Ongoing	<ul style="list-style-type: none">• Placement and Diversion• CWS/CMS• TCD• Birth Parents	<ul style="list-style-type: none">• Icebreakers are tracked through CWS using the Family Engagement Efforts (FEE) code for completed icebreakers and are also tracked through monthly statistics.• An icebreaker DVD and toolkit with protocol was completed to promote the use and importance of icebreakers to SSA staff and the community.• TCD are reviewing the Icebreaker Toolkit to convert into e-training material for social workers.• Continue review and tracking of icebreakers; to identify trends and challenges.
1.1.6 Continue to track and explore the feasibility of increasing utilization of Parent Mentors.	<input type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-11/07/12 Ongoing	<ul style="list-style-type: none">• TDM• Parent Mentors/ Volunteers• PTA• PLTF	<ul style="list-style-type: none">• Parent Mentors are contracted for services and unable to expand staff due to budget constraints.
1.1.7 Develop a plan to implement use of Parent Leadership volunteers to support birth parents.	<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-11/07/12 Completed Ongoing	<ul style="list-style-type: none">• TDM• Parent Mentors/Volunteers• PLTF	<ul style="list-style-type: none">• PLTF and TDM developed a strategy to recruit parent volunteers.• PTA recruited parent volunteers who were trained in June 2010 to engage with birth parents at the initial TDM. Parent volunteers will provide initial support to birth parents and encourage them to request a Parent Mentor.• Parent Volunteers were trained June 2010 to engage and support birth parents at Initial TDM Removals and up to the time of the detention hearing.

1.1.8 Develop the roles of FSWs who will engage parents with a FR case plan at post detention. Engagement to include early referral to services and support to out-of-home caregivers to increase placement stability.	<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-11/07/12 Completed Ongoing	<ul style="list-style-type: none"> • FSW • SFS 	<ul style="list-style-type: none"> • Developed FSWs role to initiate early engagement with FR parents to create an individualized case plan and link to supportive resources and referrals. • Early engagement expedites completion of case plan, reunification, and placement stability. • FSWs also work with out-of-home caregivers on issues to prevent a placement disruption.
1.1.9 Develop the Caregiver Support Interns Project. Interns to work with relative caregivers to provide resources and build supportive relationships.	<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-11/07/12 Completed Ongoing	<ul style="list-style-type: none"> • Placement & Diversion 	<ul style="list-style-type: none"> • A Kinship Support Services internship program was developed and implemented to provide support and resources to relative and NREFM caregivers through Placement Coordination Services during the academic school year. • Services provided have contributed to the placement stability of the caregiver family. • New set of interns started in September 2010.
1.1.10 Increase timely referrals and utilization of permanency planning mediations to enhance communication and support between prospective adoptive parents, legal guardians and birth parents.	<input type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-11/07/12 Ongoing	<ul style="list-style-type: none"> • Adoption & Court Programs • Consortium for Children (CFC) • Self Evaluation Team- Technical Support (SET-TS) • CWS/CMS • PDU 	<ul style="list-style-type: none"> • Assess current Permanency Planning and Mediation (PPM) data tracking system. Develop a CWS/CMS Special Code to identify number of PPM referrals made, when they were made, and mediation outcomes. • SET-TS will review data and research correlations between PPM referrals and time to adoption finalization, increased placement stability, and increase in sibling and relative contact. • CFC has collaborated with TCD to provide training to senior social workers and court staff on the process and benefits of PPMs. • PDU will review and revise PPM policy

						and procedures upon completion of revised data and tracking system.
Improvement Goal 2.0 Preserve existing placements.						
Strategy 2.1 Preserve existing placements			Strategy Rationale Intensive, individualized services that emphasize needs assessments, timely provision of information, and needed resources as well as integrated team approach to decision making will stabilize placements. Ensure inclusion of foster parents, birth parents and significant community partners in team meetings to encourage placement stability.			
Milestone	2.1.1 Explore the feasibility of increasing utilization of Icebreakers with foster parents and birth parents to promote early family engagement.	Timeframe	<input type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-11/07/12 Ongoing	Assigned to	Update	<ul style="list-style-type: none"> • Diversion & Placement • TCD • FAFDT • CWS/CMS <ul style="list-style-type: none"> • An icebreaker DVD and toolkit with protocol was completed to promote the use and importance of icebreakers to SSA staff, caregivers and birth parents. • TCD is reviewing the Icebreaker Toolkit to convert into e-training material for social workers. • FAFDT: has incorporated Icebreaker training into their PRIDE training. • Icebreakers are being tracked through CWS/CMS with a special code to identify the increase and utilization of icebreakers.
	2.1.2 Develop procedures to monitor, track, and evaluate implementation of TDM Action Plans		<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-11/07/12 Ongoing			<ul style="list-style-type: none"> • TDM • PDU <ul style="list-style-type: none"> • Form was revised March 2010 and is included as part of the updated Case Transfer/Termination Policy and Procedure.
	2.1.3 Develop the role of FSWs who will engage parents with a FR case plan at post detention. Engagement to include early referral to services and to work with out-of-home caregivers to increase placement stability.		<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-11/07/12 Completed Ongoing			<ul style="list-style-type: none"> • FSW • SFS <ul style="list-style-type: none"> • FSWs role is to initiate early engagement with FR parents post-detention to develop an individualized case plan and link to supportive resources and referrals. • In January 2010 SFS implemented FSW services. SFS/FSW services initiate early family engagement with parents at the Detention Hearing to assess and link to services.

2.1.4 Assess funding opportunities and barriers of duplicating the Wraparound Model for non-wrap families.	<input type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-11/07/12 Ongoing	<ul style="list-style-type: none"> • WRAP • DDC 	<ul style="list-style-type: none"> • Currently serving through use of expansion slots to include FM, sibling groups and DDC. • Community partners and WRAP continue to evaluate the impact of increased rates and WRAP expenditures. • Evaluating AAP administrative costs.
2.1.5 Collaborate with FFAs to review current services, identify caregiver challenges, and develop strategies to increase placement stability.	<input type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-11/07/12 Ongoing	<ul style="list-style-type: none"> • FFAs • CFS • FMCS 	<ul style="list-style-type: none"> • FMCS Manager met with FFA Forum members to discuss Voluntary Placements and recruit families to take Voluntary Placement's up to 6 months. • The Foster Family Agency Forum (FFA Forum) is held quarterly with all of SSA's contracted FFAs to review current services, challenges, and strategies. • The Orange County Association of FFAs meets quarterly prior to the FFA Forum in order to discuss their concerns to be addressed at the Forum. • A SIP presentation was given at the May 2010 FFA quarterly meeting to review placement stability outcomes, efforts to increase stability, and resources needed to ensure success. • Dialogue with FFAs to continue through subsequent forums.
2.1.6 Increase communication between social workers, caregivers, court and educational system regarding educational needs and services for foster youth.	<input type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-11/07/12 Ongoing	<ul style="list-style-type: none"> • CFS • Foster Youth Services (FYS) 	<ul style="list-style-type: none"> • Due to budget cutbacks, the Department of Education Educational Specialist position was eliminated 1/1/10. • In Dependency Investigations, staff contact the school or school district of every school-aged child to obtain the most recent educational information. This information is then given to the FSW or the

					<p>Investigations worker for inclusion in the J/D court report and the Health and Education Passport (HEP).</p> <ul style="list-style-type: none">Beginning in July 2010, FYS has sends Educational Progress Reports to social workers and out-of-home caregivers to promote discussion.Policies and procedures were revised to promote increased educational information in court reports. Review of court reports shows this to have been effective.
2.1.7 Track Placement Preservation use of TDMs and their effectiveness for all placement preservation efforts.	<input type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-11/07/12 Ongoing			<ul style="list-style-type: none">TDMCWS/CMS	<ul style="list-style-type: none">TDM and CWS/CMS are reviewing data of children who had a Placement Preservation TDM and how many subsequent placement changes occurred in an attempt to measure the effectiveness.TDM and CWS/CMS will also track, compare and review all placement changes vs. the delivery of TDMs held for these placement changes.
2.1.8 Increase utilization of Concurrent Families earlier in child dependency cases to minimize placement moves.	<input type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-11/07/12 Ongoing			<ul style="list-style-type: none">AdoptionsRDSFAFDT	<ul style="list-style-type: none">Adoptions presented recruitment strategies at the RDS Meeting on February 25, 2010, of Concurrent Planning (CP) families for CP5. CP5 families are families open to taking children where relatives might be identified but have not yet come forth or been identified.Adoptions plans to expedite the home study process for these families.
2.1.9 FYS' Liaisons will provide additional education information to the assigned social workers and caregivers, with the goal of stabilizing the youths	<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-11/07/12 Completed Ongoing			<ul style="list-style-type: none">CFSFYS	<ul style="list-style-type: none">Assessed and implemented strategy to increase cross information sharing between the Foster Care liaisons and CFS for the purpose of increasing timeliness, accuracy, and consistency.Results indicate that there is a positive

educational placement and in achieving a high school diploma.				effect and increase in the sharing of educational information, timely assessments, and linking to resources.
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Improvement Goal 3.0

Increase foster parent and relative caregiver resources

Strategy 3.1**Recruit and support foster parents and relative caregivers for targeted populations and targeted areas.****Strategy Rationale¹**

Recruitment and support efforts for foster parents and caregivers (Relatives and NREFMs) in targeted communities utilizing pre-existing community groups will increase available resource homes, and stabilize placements in those homes through culturally appropriate and supportive services.

Milestone	3.1.1 Continue use of Efforts To Outcomes (ETO) tracking system and CWS/CMS to evaluate effectiveness of recruitment efforts.	Timeframe	<input type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-11/07/12 Ongoing	Assigned to	<input type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-11/07/12 Ongoing	Update	<ul style="list-style-type: none"> FAFDT ETO <ul style="list-style-type: none"> ETO is currently being piloted by the Foster and Adoptive Team and will expand to Licensing/Adoptions at conclusion of pilot for recruitment and tracking purposes.
	3.1.2 Continue targeting Anaheim and Santa Ana for recruitment and placement resources.		<input type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-11/07/12 Ongoing		<input type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-11/07/12 Ongoing		<ul style="list-style-type: none"> RDS FAFDT Faith In Motion <ul style="list-style-type: none"> FAFDT continues outreach efforts to FBOs in Santa Ana and Anaheim. Recruitment by FAFDT through the Faith in Motion initiative continues for these targeted populations. Events and training are regularly shared at RDS meetings regarding multicultural events to recruit foster and adoptive parents.
	3.1.3 Assess financial feasibility to implement 2007 RDS Caregiver Survey recommendations.		<input type="checkbox"/> 11/07/09-11/07/10 <input checked="" type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-11/07/12 Ongoing		<input type="checkbox"/> 11/07/09-11/07/10 <input checked="" type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-11/07/12 Ongoing		<ul style="list-style-type: none"> RDS RDM <ul style="list-style-type: none"> RDS reviewed the 2007 Relative Caregiver Survey to determine which of the recommendations can be implemented. <p>Survey results indicated:</p> <ul style="list-style-type: none"> Financial and basic needs assistance is needed to help facilitate emergency placements. Advanced education, training and general support needed.

					Resources available: <ul style="list-style-type: none"> KSSP program, Saddleback Community College training, Foster Care Auxiliary, Faith Based Organization support, agency foster care liaison, and Kinship Support Intern program.
3.1.4 Continue collaboration with community partners by meeting at Family to Family Strategy Workgroups and quarterly community forums to review past caregiver surveys, and develop strategies to address caregiver recruitment, retention, and support strategies.	<input type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-11/07/12 Ongoing		<ul style="list-style-type: none"> CFS F2F Strategy workgroups Community Forums 		<ul style="list-style-type: none"> Various community partners and CFS staff attend the Redesign Planning Council, RDS, Foster Youth Outcomes, ERDD, and Regional Community forums. Caregiver recruitment, retention and support are addressed regularly.
3.1.5 Review MOUs and meet with local providers to encourage recruitment efforts of Intensive Treatment Foster Care (ITFC) foster homes.	<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-11/07/12 Completed Ongoing		<ul style="list-style-type: none"> CFS ITFC 		<ul style="list-style-type: none"> MOU for ITFC signed by both agencies and approved by the County Board of Supervisors on 2/09/2010. Regular meetings are held to address youth specific recruitments.
3.1.6 Review CWS and case information for all Orange County group home youth to determine their eligibility for ITFC foster home placement.	<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-11/07/12 Completed Ongoing		<ul style="list-style-type: none"> Multi-Treatment Transitional Services (MTS) ITFC 		<ul style="list-style-type: none"> MTS established a "Step-Down" review process by which each group home placement is evaluated semi-annually for transition into a family setting and/or a lower level of congregate care. A matrix was created to track group home placements. The first series of Step-Down review on all group home cases were completed on 4/28/10.
Strategy 3.2 Assess current operational practices/systems to identify effectiveness, challenges and strategies to improve recruitment and support for foster parents.			Strategy Rationale Provide efficient and effective services that promote placement stability.		

Milestone	Timeframe	Assigned to	Update
3.2.1 Develop and implement quality control measures and outcomes for TDMs to ensure consistency and effectiveness of services.	<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-11/07/12 Completed Ongoing	<ul style="list-style-type: none"> TDM QA 	<ul style="list-style-type: none"> QA measures via Feedback Surveys given in TDM meetings, evaluations of staff and supervisors as to effectiveness and management. TDM and QA developed a protocol to regularly assess the effectiveness of TDM meeting and to insure that TDM standards are maintained. TDM management provided the SPIN training technique for all TDM Facilitators so each Facilitator could identify their strengths and overcome their deficits. TDM Manager conducts monthly observations of TDM meetings. The QA program has also provided an independent assessment of TDM via an anonymous survey sent out to all staff and supervisors. One was completed in 2008 and a new one was completed in 2010; results pending.
3.2.2 Evaluate data to determine common characteristics of failed placements and recommend effective interventions.	<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-11/07/12 Completed Ongoing	<ul style="list-style-type: none"> Self Evaluation Team (SET) SET-TS 	<ul style="list-style-type: none"> Set and SET-TS have developed a strategy to track and produce evidence of common characteristics identified in failed placements. This information will be analyzed and provided to CFS staff to discuss results and recommendations.
3.2.3 Explore funding opportunities in order to continue Family Finding and Engagement (FFE) services	<input type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-11/07/12 Ongoing	<ul style="list-style-type: none"> TPS Family Connections 	<ul style="list-style-type: none"> TPS has developed a Memorandum of Understanding with Creating Family Connections, to provide at no net County cost, many of the same services provided prior to the cancellation of a \$450,000 contract for the same Youth Permanency project. Court Appointed Special Advocate (CASA) has initiated family finding action items.

			<ul style="list-style-type: none">• CFS applied to Annie Casey Foundation grants for funding.
3.2.4 Continue to evaluate utilization and effectiveness of Parent Mentors in TDMs, Parent Orientation sessions, Warm-line and F2F strategy workgroups.	<input type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-11/07/12 Ongoing	<ul style="list-style-type: none">• NCSACW• TDM• Parent Mentors/Volunteers	<ul style="list-style-type: none">• NCSACW Survey Results: Indicated a strong need for an increase in utilization of Parent Mentors.• Recommendations; Develop volunteer pool to mentor parents. Review Parent Mentor Contract.• Redesign Planning Council: Results are being reported to the Redesign Planning Council.
3.2.5 Develop a plan to implement use of Parent Leadership volunteers to support birth parents.	<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-11/07/12 Completed Ongoing	<ul style="list-style-type: none">• TDM• PTLA• Parent Mentors/Volunteers	<ul style="list-style-type: none">• PLTF and TDM developed a strategy to recruit parent volunteers.• Parent Volunteers were trained during June 2010 to engage and support birth parents at Initial TDM Removals and up to the time of the detention hearing.
3.2.6 Review the practice and policy of emergency placements as related to short and long term placement outcomes.	<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-11/07/12 Ongoing	<ul style="list-style-type: none">• Diversion/Placement• Court Programs• PDU	<ul style="list-style-type: none">• Reviewing policy with Court Managers, Placement and PDU.
3.2.7 Assess current SSA/CFS and community partner training with Court, TCD, and Probation to identify areas of interest that will promote cross-system training, cross-communication, better use of resources and increase/advanced training.	<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-11/07/12 Ongoing	<ul style="list-style-type: none">• CFS• IT• PDU• TPS	<ul style="list-style-type: none">• CFS, community partners, TCD, and major stakeholders are promoting cross-trainings between the different agencies. Trainings are facilitated by various agencies to share ideas, perspectives, and suggestions and open training to caregivers to booster support and strengthen placements.• CFS IT Support is collaborating with TCD in providing E-Learning opportunities for CFS staff.• As part of policy development and/or revision, PDU routinely collaborates with community partners to identify areas of

						<p>common interest, ensure that CFS policy considers the needs and perspectives of partners, and promotes training and enhanced communication.</p> <ul style="list-style-type: none">TPS has funded former foster youth through its California Connected by 25 Initiative (CC25I) Stuart Foundation Grant to provide training to foster care providers, social workers, probation officers, and Community Partners, as well as to attend policy development and implementation community meetings.
3.2.8 SET and ERDD Advisory Groups continue to evaluate the use and application of information and data from sources such as Child Abuse Registry Statistics Application (CARSA), SDM and Berkley CWS-CMS Dynamic Report System.		<input type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-11/07/12 Ongoing		<ul style="list-style-type: none">SETSET-TSERDD		<ul style="list-style-type: none">SET and SET-TS will continue to evaluate data to identify common characteristics (foster and Kin) placement stability (children) as related to support and resources that are culturally appropriate and available.
3.2.9 SET and ERDD groups will continue to use information and data to raise staff and community awareness about ERDD and its impacts on case decision making.		<input type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-11/07/12 Ongoing		<ul style="list-style-type: none">SETSET-TSERDD		<ul style="list-style-type: none">City by City Guides being used, UC Berkeley data continues to be used along with the One Page brief. IPC [Interagency Placement Committee] has been started and will discuss issues of placement.Additional ERDD training has been provided to staff and community partners.
Describe systemic changes needed to further support the improvement goal. <ul style="list-style-type: none">Social work positions are needed to increase and maintain FSWStable and adequate funding is needed to meet improvement goalsQuality control measures and ongoing training of staff to ensure placement data is entered accurately and timely into CWS/CMS						
Describe educational/training needs (including technical assistance) to achieve the improvement goals. <ul style="list-style-type: none">Community Partners and SSA/CFS staff will need additional training regarding TDM roles, responsibilities, and expectations. Training will be provided by TDM and TCD staff						

<ul style="list-style-type: none"> Community Partners and SSA/CFS staff will need additional training regarding ERDD which will be provided by F2F Liaisons, SSA/CFS Human Resources and Career Development (HRCD) with the expectation of providing additional training to program managers, supervisors and social workers. SSA/CFS HRCD will provide to SSA/CFS, and community partners a comprehensive training matrix to increase cross-training, collaboration, and cross-communication. National Center on Substance Abuse Child Welfare (NCSACW) and SSA/CFS/ Eliminating Racial Disparities and Disproportionality (ERDD) will provide a comprehensive resource and service matrix to clients after service providers receive training regarding the development and utilization of the matrix. The local community colleges and universities are encouraging educational opportunities to SSA/CFS and others to work towards a degree in a Masters of Social Work and/or Forensic Social Work.
<p>Identify roles of the other partners in achieving the improvement goals.</p> <ul style="list-style-type: none"> FRCs will provide resources for caregivers. Social work staff, birth parents, and caregivers will participate in process groups to discuss the values and benefits of Icebreakers and TDMs. Caregivers shall be asked to provide feedback regarding challenges and support services needed to improve placement stability. SSA/CFS will continue to partner with the faith based community and other community based organizations to support and recruit placement resources. SSA/CFS shall partner with Annie E. Casey Foundation – Family to Family Liaison to assess effectiveness and utilization of Family to Family Strategy Workgroups. SSA/CFS, Probation, Court, HCA and schools shall collaborate to provide/model supportive services similar to Wraparound Program. SSA/CFS shall partner with local community colleges and universities to provide training and support for staff and clients. Interns will be sought out and utilized for SSA/CFS support services for caregivers
<p>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</p> <ul style="list-style-type: none"> No changes have been identified.

Describe how the strategies will build on progress and improve this outcome or systemic factor

Orange County Probation System Improvement Plan**IMPROVING EMANCIPATION OUTCOMES (November 7, 2009 – November 7, 2012)****Outcome/Systemic Factor:****IMPROVING EMANCIPATION OUTCOMES – Improving education, employment and emancipation outcomes.****County's Current Performance:**

The Orange County Probation Department implemented the Incentive Program in July 2009. During the past year, 121 placement youth were awarded 450 incentive cards for a total of \$16,288.00. The distribution of incentive cards broken down by category is as follows: 56 for behavior, 109 for education, 59 for employment, 99 for emancipation, 6 for socialization, 58 for self-esteem, 37 for motivation, and 26 for needs. In a further effort to recognize a youth's positive behaviors, the Placement Unit identified incentive items that could be presented to minors. These items included: drawing books, seek-and-find puzzles, hygiene products, folders, playing cards, T-shirts, etc. To date, 63 incentive items were distributed to 27 minors.

During the Self Assessment, prior foster youth reported the department would be well served if it ensured there were enough school supplies for current foster youth. Prior to the start of the 2010 Fall Semester, all students were presented with \$50 Staples gift cards for the purchase of school supplies. An information sheet was presented with the card encouraging smart shopping (price comparisons, splitting higher quantity items with another peer resident or amongst an entire group home, using coupons, etc.). In addition, tips for considering different organization styles were also given. Fifteen laptops were purchased for minors who were seniors this school year, attending traditional high school, and on-target to graduate in June 2011 (or before) and placement youth currently attending college. To date, twelve laptops have been presented to the youth to encourage continued educational success and to prepare them (or assist them) with college.

Responses from the Orange County Juvenile Placement Initial, Mid and Final Assessment Surveys were inputted and compared. Attachment A reflects all the responses from all the surveys. Given the change of youth from July 2009 to July 2010, the numbers of assessment surveys are not consistent. There were 150 Initial Assessments, 100 Mid Assessments and 111 Final Assessments. Given the significant drop in minors, the number of improved areas was impressive. Improvement was noted within the following areas: education, employment (with the exception of one category - volunteer hours), self-esteem, and preparing for emancipation. The areas of need, behavior, emancipation (cooking), and socialization decreased.

A second table was created (Attachment B) which reflects the Initial and Final Assessment Surveys for 93 youth who remained in placement throughout the year. These results mimicked those above, with the exception that all areas within education improved, including volunteer hours. Further, Attachment C, represents the questions that required a numerical value. While the number of "10" responses decreased, all but one question resulted in a higher number of "6-9" responses, indicating improvement of motivation, attitude, self-esteem, and preparedness for emancipation.

While it is still too early to determine the long-term goal of improving education outcomes, the following statistics are reflecting improvement. In the area of education, in 2008, 49% of the youth emancipated with either a high school diploma or GED. In 2009, it was 52.5%. Through June 2010, nine minors have emancipated, and 66.5% have either graduated or obtained their GED. With regard to employment, in 2008, 28% of minors were employed at emancipation, in 2009, 37.5%. As of June 2010, 33% of the youth emancipated were employed.

Probation officers have been working individually with their youth to create short-term goals in order for them to earn incentives. The process of actually obtaining the cards for the youth is time-consuming given the amount of paper tracking involved. Further, spending the time with the youth to develop creative goals is also time-consuming. We are working with Foster Youth Services to create more incentive opportunities for youth in regard to education. Further, we are also planning to reach out to the group homes to engage them in the program.

Probation officers report that meeting unmet needs has been a true benefit of the Incentive Program. Gift cards have been used to purchase: clothing for youth who come into the system without clothing (or return from being AWOL), shoes, clothing for minors who are going to be educationally placed, minors who need extra clothing for job interviews/work attire, money to obtain birth certificates, items/formula for newborn children of placement youth, special hygiene needs, food and parenting classes. With the assistance of these monies, we are able to help minors better transition, maintain placements with relatives/non-relatives and meet their basic needs.

While the behavior numbers did not improve in terms of the number of SIRs received, probation officers were able to set short-term behavior goals for minors. While some youth present with challenging behavior/emotional issues, SIRs are almost inevitable; however, we have seen improvement in small timeframes. This is an area to be explored further.

The Incentive Program has been able to help support a number of positive social activities, such as high school team sports, dance and gym fees. Engaging in pro-social activities has been shown to be one of the leading practices to reduce future recidivism. These activities were measured under the self-esteem category and increased throughout the survey period.

Overall, while the Incentive Program has only been in effect a little over a year and probation officers have seen improvement/engagement of their youth in many areas. As noted on the tables, the number of youth who have opened bank accounts, taken transitional tours, obtained their California IDs have all increased. As we work to expand the program and gain assistance from Foster Youth Services and group homes, we hope to see the outcomes continue to improve.

The Incentive Library has been finalized. Youth are presented with incentives to read for pleasure, as well as to read motivational books. Another goal is to incorporate the reading for all youth as they return to custody. Given a number of youth do not like to read, getting them to partake in this incentive is challenging. A catalog and description of the books is being created which probation officers can share with their youth both in custody and at the group homes.

Improvement Goal 1.0

Improve emancipation services with primary focus on education and employment.

Strategy 1. 1**Implement Incentive Program****Strategy Rationale³**

Creating a program that will allow youth at various ages and levels of ability, to strive toward completing short-term goals and receive acknowledgement and rewards for their accomplishments, will help generate positive feeling and thoughts which will hopefully turn into motivation to propel them forward.

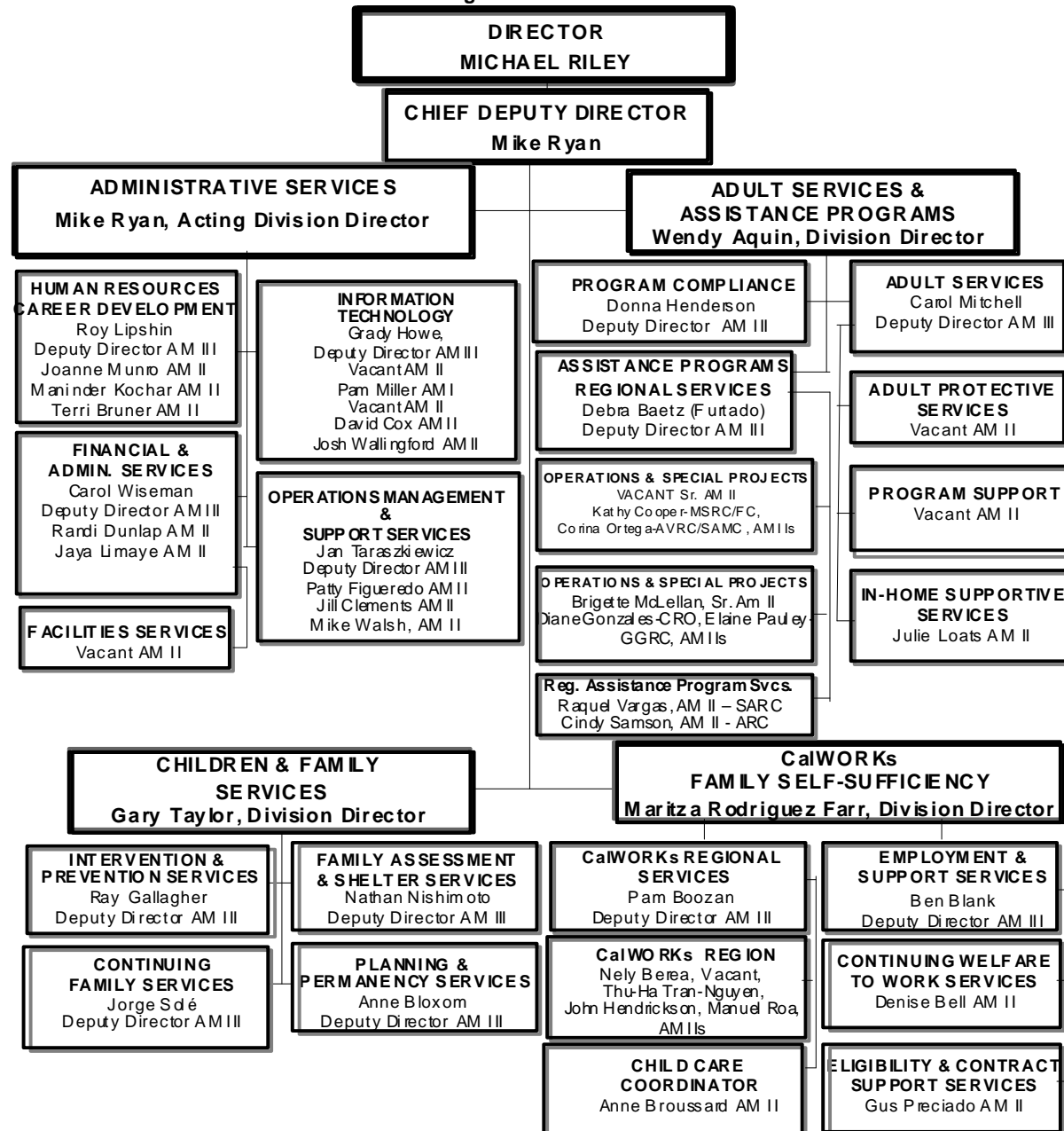
Milestone	1.1.1 Create forms/databases for requesting and logging incentive cards. Create information flyers about the Incentive Program for youth outlining listing the tasks they can complete to earn gift cards. Also, create a list of available gift cards to choose from. Obtain safe to maintain cards in.	Timeframe	11/7/09 Completed	Assigned to	<ul style="list-style-type: none"> Christina LaMorte Doreen Lore 	Update	<ul style="list-style-type: none"> Both a handwritten Incentive log and an Incentive Database were created to track all incentive cards that were distributed. The log is input into the database at the end of each month. A list of incentive cards was created and distributed to youth. To date, three safes have been obtained for storage of gift cards.
	1.1.2 Have DPOs introduce Incentive Program to minors, caretakers and group home staff.		6/30/12 Ongoing		<ul style="list-style-type: none"> Case-carrying DPOs 		<ul style="list-style-type: none"> DPOs have introduced the Incentive Program to their minors, caretakers and group home staff. Bi-monthly Incentive Program Newsletters were created and distributed to staff for a one-year period to introduce the program and promote both group home and minor engagement in creating more opportunities for youth to obtain incentives.

³ Describe how the strategies will build on progress and improve this outcome or systemic factor

	1.1.3 Create tracking system with Fiscal. Maintain records for audit purposes.		6/30/12 Ongoing		Christina LaMorte Lorna • Winterrowd		<ul style="list-style-type: none"> • O An Incentive Sheet that the DPO requests gift cards was created, which is signed by the minor when (s)he received the cards. This form is returned to the unit supervisor who then highlights the DPOs signature on the Incentive Program handwritten log (indicating the minor has received the item). The Incentive Sheet is then filed according to gift card type for future audit.
Strategy 1.2 Create a survey to establish a baseline and measure improvement for focus areas of the Incentive Program				Strategy Rationale¹ In order to measure whether the Incentive Program creates motivation in the youth, surveys were designed to measure increased activities (short-term goals) as opposed to long-term outcomes such as graduation statistics. It is hoped that by improving minors' behavior and having them engage in various positive activities, the long-term outcomes will increase in regard to education, employment, and preparing for emancipation.			
Milestone	1.2.1 Create survey and database for Incentive Program.	Timeframe	7/31/09 Completed	Assigned to	• Christina LaMorte • Doreen Lore	Update	• Assessment surveys were created, as well as a database to capture responses.
	1.2.2 Initial surveys to be completed. Mid surveys to be completed. Final surveys to be completed.		7/31/09 3/15/09 7/15/09 Completed		• Case-carrying DPOs		• DPOs completed Initial, Mid and Final Incentive Assessment Surveys with their youth.
	1.2.3 Surveys to be input into database and statistics generated. Comparisons between mid and initial assessments, and final assessments to be made.		11/30/09 4/15/10 8/30/09 Completed		• Christina LaMorte		• All surveys were input into databases and scorings calculated and compared. • Attachment A – represents raw data. Given the turnover of youth receiving placement orders and having placement orders vacated throughout the year assessment period, the number of surveys varies between the initial, mid and final surveys. • Attachment B – represents youth who remained in placement throughout the year assessment period and participated in all three assessments.

Strategy 1.3 Create a library for probation placement youth who are in custody and in placement.			Strategy Rationale ¹ In order to improve reading levels, create better students, educate for the purpose of creating motivation, understanding, and hope, as well as providing entertainment from fictional stories, a library for placement minors who are either placed or in custody was created.		
Milestone	1.3.1 Identify and purchase books on motivation, attitude, and success strategies for dealing with gang issues, drugs, grief, etc. In addition, identify fictional books of interest to youth.	6/30/12 Completed Ongoing	Assigned to	• Christina LaMorte •	• The Placement Library has been created and contains 150 books.
	1.3.2 Create labeling and log-out system for books. Create worksheet for appropriate books.	7/31/09 6/30/12 Completed Ongoing		• Christina LaMorte	• Binders were created where each book has its own sign-out page. Books were labeled by number when more than one copy was purchased. To date, questionnaires have been completed for three books. Further, a generic questionnaire was created that could be used with any book. The questionnaires are to gain insight as opposed to being a book report.
	1.3.3 DPOs to obtain book suggestions for the library from kids. Purchase appropriate books and add to library.	11/30/09 6/30/12 Completed Ongoing		• Case-carrying DPOs. • Christina LaMorte	• DPOs requested book suggestions from minors. Further, our "young" student intern/volunteer in probation also gave input on book selection.

**COUNTY OF ORANGE SOCIAL SERVICES AGENCY
Organizational Chart**



SSA/CFS ACRONYMS

AAP	Adoption Assistant Program
ADAS	Alcohol & Drug Abuse Services
BHS	Behavioral Health Services
CalWORKs	California Work Opportunity & Responsibility to Kids
CAR	Child Abuse Registry
CARSA	Child Abuse Registry Statistics Application
CASA	Court Appointed Special Advocate
CAT	Centralized Assessment Team (CAT)
CBOs	Community Based Organizations
CC25I	California Connected by 25 Initiative
CEGU	Clinical Evaluation & Guidance Unit
CFC	Consortium for Children
CFS	Children & Family Services
CP	Concurrent Planning
CWS	Child Welfare Services
CWS/CMS	Child Welfare Services Case Management System
CYS	Children & Youth Services
DASU	Domestic Abuse Services Unit
DDC	Dependency Drug Court
DR	Differential Response
DV	Domestic Violence
ECSOC	Early Childhood System of Care
ER	Emergency Response
ERDD	Eliminating Racial Disparities & Disproportionality
ETO	Efforts to Outcomes
F2F	Family to Family
FaCT	Families & Communities Together
FAFDT	Foster & Adoptive Family Development Team
FBO	Faith Based Organization
FFA	Foster Family Agency
FEE	Family Engagement Efforts
FFE	Family Finding Engagement

FMCS	Family Maintenance Collaborative Services
FR	Family Reunification
FRCs	Family Resource Centers
FSN	Family Support Network
FSWs	Family Services Workers
FYS	Foster Youth Services
HCA	Health Care Agency
HEP	Health & Education Passport
ICWA	Indian Child Welfare Act
ILP	Independent Living Program
IT	Information Technology
ITFC	Intensive Treatment Foster Care
KSSP	Kinship Supportive Services Program
MDT	Multi-Disciplinary Team
MECCA	Multi-Ethnic Collaborative of Community Agencies
MHSA	Mental Health Services Act
MOU	Memorandum of Understanding
MTS	Multi-treatment Transition Services
NCSACW	National Center on Substance Abuse & Child Welfare
NREFM	Non-Relative Extended Family Member
OCFC	Orangewood Children & Family Center
PDSA	Plan Do Study Act
PDU	Policy Development Unit
PHNs	Public Health Nurses
PLTF	Parent Leadership Task Force
PPM	Permanency Planning Mediation
PTA	Parents Taking Action
QA	Quality Assurance
RAU	Relative Assessment Unit
RDM	Resource Development & Management
RDS	Recruitment, Development, & Support
RFP	Request for Proposals
SDM	Structured Decision Making
SET	Self Evaluation Team

SET-TS	Self Evaluation Team-Technical Support
SFS	Specialized Family Services
SSA	Social Services Agency
SSW	Senior Social Worker
TCD	Training & Career Development
TDM	Team Decision Making
TFC	Tustin Family Campus
TPS	Transitional Planning Services
VFS	Voluntary Family Services
WRAP	Wraparound Services

**ORANGE COUNTY PROBATION DEPARTMENT
ORGANIZATIONAL CHART**



mmcl 7/30/10

Attachment A

INCENTIVE PROGRAM PROGRESS

CATEGORIES	INITIAL (150)			MID (100)			FINAL (111)		
	YES	NO	NR	YES	NO	NR	YES	NO	NR
Needs									
Hygiene Concerns	13	136	1	8	94	2	8	106	0
Overweight	7	143	0	7	96	1	10	104	0
Specific Needs	16	129	5	17	86	1	24	88	2
Education									
Diploma	5	145	0	3	100	1	16	98	0
GED	3	147	0	2	101	1	8	106	0
As & Bs	43	99	8	34	69	1	46	67	1
Honor Roll	17	126	7	13	90	1	29	85	0
Ditch Classes	65	83	2	39	64	1	49	64	1
Complete Homework	57	92	1	47	57	0	59	55	0
Volunteer Hours	8	142	0	4	100	0	7	107	0
College Tour	24	126	0	18	86	0	29	85	0
Met with College Counselor	12	138	0	6	98	0	20	93	1
Aptitude Test	10	136	4	4	100	0	31	83	0
FAFSA Paperwork	6	140	4	7	97	0	20	94	0
Attended College	3	145	2	0	104	0	8	106	0
Employment									
Employed	5	145	0	5	98	1	10	104	0
Employed 30	8	142	0	9	94	1	16	98	0
Employed 60	7	143	0	8	95	1	14	100	0
ILP/Empl. Workshop	45	105	0	55	48	1	83	31	0

Work with Employment Prog.	21	129	0	25	78	1	28	86	0
10 Job Apps	14	136	0	6	97	1	24	90	0
Behavior									
Received a SIR in custody	92	53	5	66	36	2	83	31	0
Suspension	61	87	2	30	74	0	44	65	5
Received a SIR in the GH	83	60	7	72	25	7	83	26	5
Motivation/Attitude									
Work Toward HS Diploma									
Work Toward Employment									
Attitude									
Self-Esteem									
HS Teams	19	131	0	16	87	1	20	93	1
Lessons	14	136	0	7	97		9	104	1
Rate your self-esteem level									
Preparing for Emancipation									
Bank Account	11	139	1	11	93		20	94	0
Trans House Tour	8	142	0	15	89		30	84	0
CA ID	21	129	1	28	76		51	53	10
Emancipation									
Cook	101	48	1	59	45		72	41	1
How Prepared Emancipation									
Socialization									
Restaurant	123	27	0	74	30		80	34	0
Attend Dances	73	77	0	32	71	1	53	61	0
Mentor	53	97	0	20	84		21	93	0
Social Ediquette									

Attachment B

INCENTIVE PROGRAM PROGRESS INITIAL AND FINAL

CATEGORIES	INITIAL (93)		FINAL (93)	
	YES	NO	YES	NO
Hygiene Concerns	9	84	6	87
Weight Concerns	5	88	8	85
Specific Needs	12	81	16	77
Have HS Diploma	3	90	12	81
Have GED	2	91	7	86
As & Bs on last report card	27	66	36	57
On honor roll last semester	11	82	24	69
Did you ditch classes last sem	41	52	37	56
Did you complete homework	39	54	46	47
Volunteer Hours	6	87	7	86
College Tour	17	76	24	69
Met with college counselor	6	87	16	77
Taken an aptitude test	5	88	27	66
Completed FAFSA paperwork	4	89	17	76
Have you attended college	2	91	5	88
Are you employed	3	90	7	86
Employed in the last 30 days	5	88	12	81
Employed in the last 60 days	5	88	10	83
Participated ILP/Empl. Workshop	27	66	70	23
Worked with Employment Agency.	16	77	22	71
Completed 10 Job Apps	7	86	20	73
Received SIR	56	37	70	23
School suspension	34	59	36	57

System Improvement Plan Template

version 2.1

Receive SIR GH	48	45	70	23
Work Toward HS Diploma	#	#	#	#
Work Toward Employment	#	#	#	#
Rate your attitude	#	#	#	#
Involved in HS Teams	11	82	17	76
Taking lessons (music/drawing)	11	82	9	84
Rate how you Feel about you	#	#	#	#
Do you have bank accounts	9	84	15	78
Taken transitional house tour	6	87	24	69
Do you have a CA ID	14	79	40	53
Do you Know how to Cook	61		55	38
How Prepared are you for Emancipation	#	#	#	#
Ever eaten in a restaurant	75	18	64	29
Attended dances	47	46	45	48
Ever had a mentor	30	63	18	75
Have good social etiquette	#	#	#	#

Attachment C

SCALE OF 1 TO 10 (93)

INITIAL	NR	1	2	3	4	5	6	7	8	9	10
Motivation to work toward HS Diploma	3	2	1	1	1	9	6	8	9	10	43
Motivation to work toward employment	4	1	3	0	2	12	4	10	8	5	44
Rate your attitude level	3	0	3	3	4	13	6	11	15	14	21
Rate you self-esteem level	17	0	1	1	3	10	4	11	15	14	17
How prepared are you for Emancipation	6	10	4	10	4	30	7	7	9	3	3
Rate your social etiquette level	3	3	0	4	1	14	10	8	18	13	19

FINAL	NR	1	2	3	4	5	6	7	8	9	10
Motivation to work toward HS Diploma	5	0	1	0	0	5	6	16	13	15	32
Motivation to work toward employment	3	0	0	1	0	10	8	13	20	13	25
Rate your attitude level	3	0	0	1	1	6	7	19	22	18	16
Rate you self-esteem level	16	0	0	0	1	4	4	15	17	19	17
How prepared are you for Emancipation	4	0	0	2	1	19	17	24	15	7	4
Rate your social etiquette level	2	0	0	2	0	15	10	18	23	19	4